

**APPLICATION DATA SHEET**

<b>Application Information</b>	10/628,128
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	
<b>Number of CD disks::</b>	
<b>Number of copies of CDs::</b>	
<b>Sequence submission?::</b>	
<b>Computer Readable Form (CRF)?::</b>	
<b>Number of copies of CRF::</b>	
<b>Title::</b>	METHODS FOR SINGLE QUBIT GATE TELEPORTATION
<b>Attorney Docket Number::</b>	11090-013-999
<b>Request for Early Publication?::</b>	
<b>Request for Non-Publication?::</b>	
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	
<b>Small Entity?::</b>	
<b>Latin name::</b>	
<b>Variety denomination name::</b>	
<b>Petition included?::</b>	No
<b>Petition Type::</b>	
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	
<b>Secrecy Order in Parent Appl.?::</b>	
<b>Inventor Information</b>	
<b>Inventor Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	China
<b>Status::</b>	Full Capacity

Attorney Docket No. 11090-013-999  
U.S. Serial No: 10/628,128

**Given Name::** Lian-Ao  
**Middle Name::**  
**Family Name::** Wu  
**Name Suffix::**  
**City of Residence::** Toronto  
**State or Prov. of Residence::** Ontario  
**Country of Residence::** Canada  
**Street::** 303-36 Thorncliffe Park Drive  
**City::** Toronto  
**State or Province::** Ontario  
**Country::** Canada  
**Postal or Zip Code::** M4H 1J8

**Inventor Authority Type::** Inventor  
**Primary Citizenship Country::** Israel/The Netherlands  
**Status::** Full Capacity

**Given Name::** Daniel  
**Middle Name::**  
**Family Name::** Lidar  
**Name Suffix::**  
**City of Residence::** Toronto  
**State or Prov. of Residence::** Ontario  
**Country of Residence::** Canada  
**Street::** 22 Wroxeter Ave.  
**City::** Toronto  
**State or Province::** Ontario  
**Country::** Canada  
**Postal or Zip Code::** M4K 1J6

#### **Inventor Information**

**Inventor Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity

**Given Name::** Blais  
**Middle Name::**  
**Family Name::** Alexandre  
**Name Suffix::**  
**City of Residence::** Sherbrooke  
**State or Prov. of Residence::** Quebec  
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**Street::** 1413 Laflèche  
**City:** Sherbrooke  
**State or Province::** Quebec  
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**Correspondence Information**

**Correspondence Customer Number::** 20583

**Domestic Priority Information**

**Application::**      **Continuity Type::**      **Parent Application::**      **Parent Filing Date::**

**Assignee Information**

**Assignee name::**  
**Street::**  
**City::**  
**State or Province::**  
**Country::**  
**Postal or Zip Code::**